



Town of Lebanon Inland Wetlands Commission

TIMBER HARVEST NOTIFICATION FORM

Timber harvesting is a permitted as-of-right activity pursuant to an affirmative determination made by the Inland Wetlands Commission in accordance with the Inland Wetlands and Watercourses Act. **Form must be filled out completely.**

A. Property Information

Owner(s) Name of Record:

Owner(s) Mailing Address:

Owner(s) Phone and Email

Phone:

Email:

Property Location/Address:

Property Acreage

Total:

Timber Harvest Area:

Lebanon Assessors Data
(identify all effected parcels)

Map:

Map:

Lot(s):

Lot(s):

Is there a current forest management/stewardship plan for this property?

☐ YES

☐ NO

Have you received an exemption from the Highway Foreman or posted a driveway apron bond?

☐ YES

☐ NO

B. Activities Being Performed on Property (check all that apply and locate on Timber Harvest Area map)

1. Tree Clearing and Crossings (check all that apply):

☐ Removal of Trees in
Upland Review Area

☐ Removal of Trees
in Wetlands

☐ Temporary Stream or
Drainage Crossing

☐ Temporary Wetlands
Crossing

2. Erosion and Sedimentation Control Measures:

☐ Installation of Water Bars

☐ Grading

☐ Seeding

☐ Other (describe below)

3. Log Landing Area(s):

☐ Anti-Tracking Pad

☐ Curb Cut

4. Are new roads, other than skid trails, to be constructed for transport of logs or other activities associated with harvest?

☐ YES

☐ NO

5. Have property boundaries been marked?

☐ YES

☐ NO

6. Have harvest boundaries been marked?

☐ YES

☐ NO

7. Have trees to be harvested been marked?

☐ YES

☐ NO

If YES, how have trees been marked, i.e., with (add color) paint at eye level and at base of tree.

8. Will DEEP's 2007 *Best Management Practices for Water Quality While Harvesting Forest Products* be followed on site?

☐ YES

☐ NO

9. Are there any perennial streams on this site?

☐ YES

☐ NO

a. If YES, will a minimum 50% crown cover be maintained within 100-feet from perennial stream banks with remaining crown cover representing 50% of pre-cut mature tree cover? (Yes or No)_____

10. Are there any vernal pools on this site? If in question please visit DEEP web site (www.ct.gov/deep).

☐ YES

☐ NO

a. If YES, will there be maintained an undisturbed 50-foot vegetated buffer around vernal pools? (Yes or No)_____
b. If YES, will a minimum 50 percent crown cover be maintained around the vernal pools? (Yes or No)_____

If your answer is NO to either 8., 9.a., 10.a. or 10.b. above please provide written explanation on a separate page.

C. Timber Harvest Description

1. Indicate the amount of forest products to be harvested:

_____ Board feet _____ Cords _____ Cubic feet _____ Tons

2. Description of Timber Harvest (add additional sheets as needed)

a. Objective:

b. Treatment (check all that apply):

☐ Silvicultural
Treatment marked
by a Certified
Forester

☐ Diameter Limit Cut (indicate the minimum
size of trees in inches to be harvested):

_____ at Eye Level

_____ at Diameter at Breast Height

☐ Clearcut (Describe purpose below):

3. Estimated Timber Harvest start date and duration: _____ Start Date _____ Duration _____

4. Wetland/Watercourse Area Altered: Wetlands _____ acres Open Water Body _____ acres Stream _____ linear ft.

5. Upland Area (defined as 100 feet from any wetland, watercourse or waterbody) Altered: _____ acres

D. Timber Harvest Area Map (required for determination of as-of-right versus need for wetlands permit)

1. Provide a map(s) of property to scale showing the following items (visit <http://seccog.org/> for online mapping source):

a. Wetland Soils

d. Timber Harvest Areas

g. Truck Access Roads

b. Watercourses, including names if any

e. Main Skid Road Locations

h. Vernal Pools

c. Property Outline

f. Log Landing Areas

i. Crossings

E. Timber Harvester Notification Form has been prepared by a State of CT certified (check one)

☐ Forester

☐ Supervising Forest Products Harvester

Forest Practitioner Certificate #:

Expiration Date:

Name of Company conducting Timber Harvest:

Name of Individual Preparing Application:

Mailing Address:

Business Phone:

Cell Phone:

Email:

F. Testimonial

The undersigned hereby swear that the information contained herein and on the attached maps is true, accurate and complete and that the timber harvest will be conducted according to the above. By signing below the Commission and its staff are granted permission to access property for the purposes of verifying accuracy of the information contained herein.

Signature of Applicant(s):

Date:

Print Name:

Signature of Property Owner(s):

Date:

Print Name:

Signature of Certified Forest Practitioner:

Date:

Print Name:

FOR OFFICE USE ONLY: Approved _____ Denied _____ Reason _____

Inland Wetlands Agent _____ Date _____